

# Fires, Mudslides, Earthquakes, Shootings: Promoting Personal and Community Resiliency after Mass Trauma

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PATRICIA HAYNES, PHD

MEL AND ENID ZUCKERMAN COLLEGE OF PUBLIC  
HEALTH

DEPARTMENT OF HEALTH PROMOTION SCIENCES

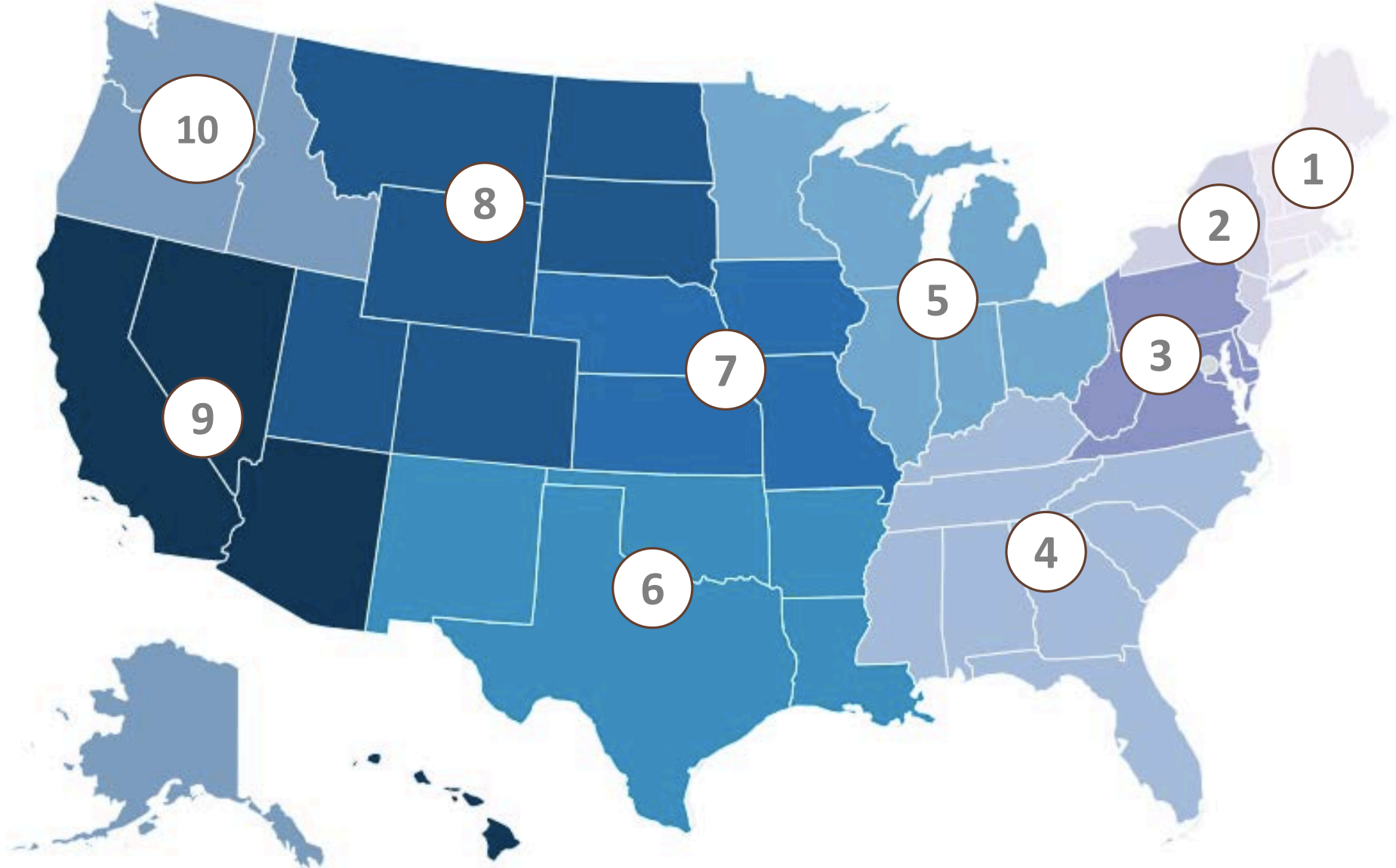
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# Continuing Nursing Education Information

## Learning Outcomes

Upon completion of this presentation, the participants will be able to:

1. Identify 5 essential elements of short-term mass trauma intervention
2. Describe evidence-based approaches to the promotion of resiliency for trauma-exposed individuals
3. Formulate ideas to promote connectedness and hope within your community



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- The planners and presenters have relevant financial relationships to disclose.



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# Learning objectives

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1. Identify 5 essential elements of short-term mass trauma intervention
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# Tragedy in Tucson, 1/8/11

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Mass shooting, Safeway  
*Congress on Your Corner*

- 6 killed
- 19 shot



# University Medical Center

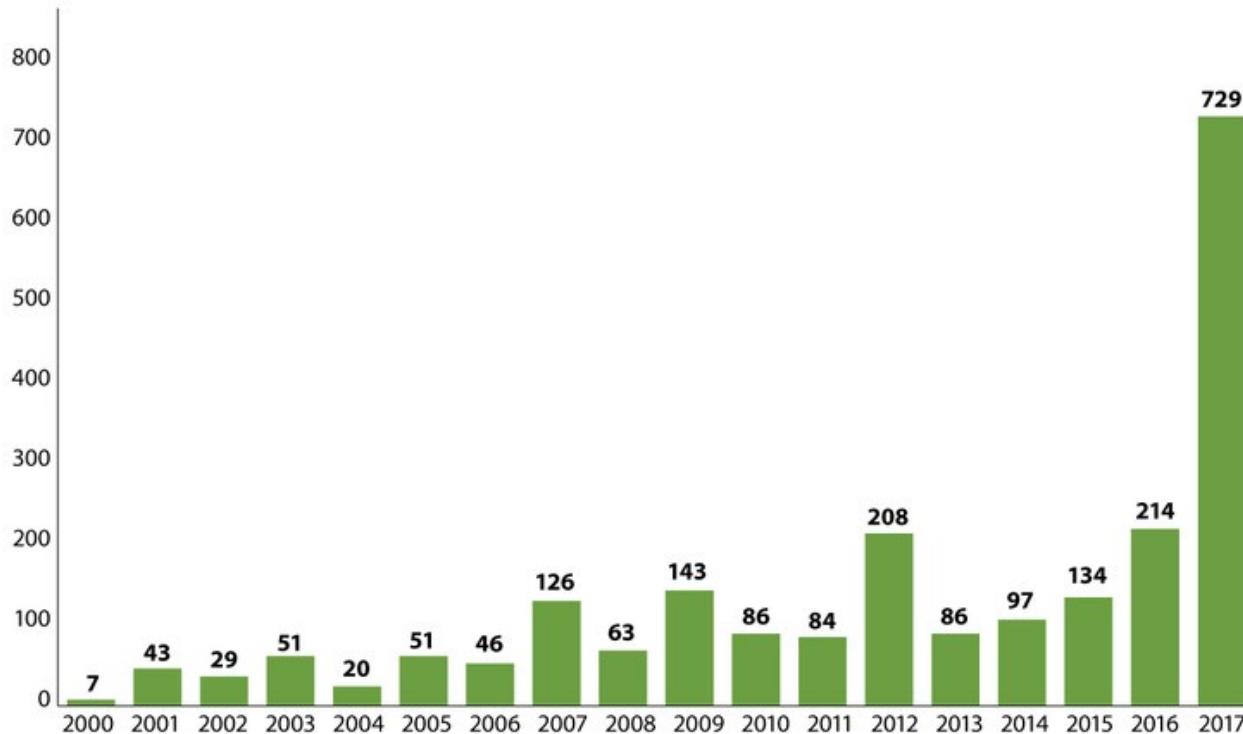
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S. Arizona's only Level 1 trauma center

# Increases in mass shootings

**Quick Look:** 250 Active Shooter Incidents in the United States From 2000 - 2017  
**Casualties Per Year**



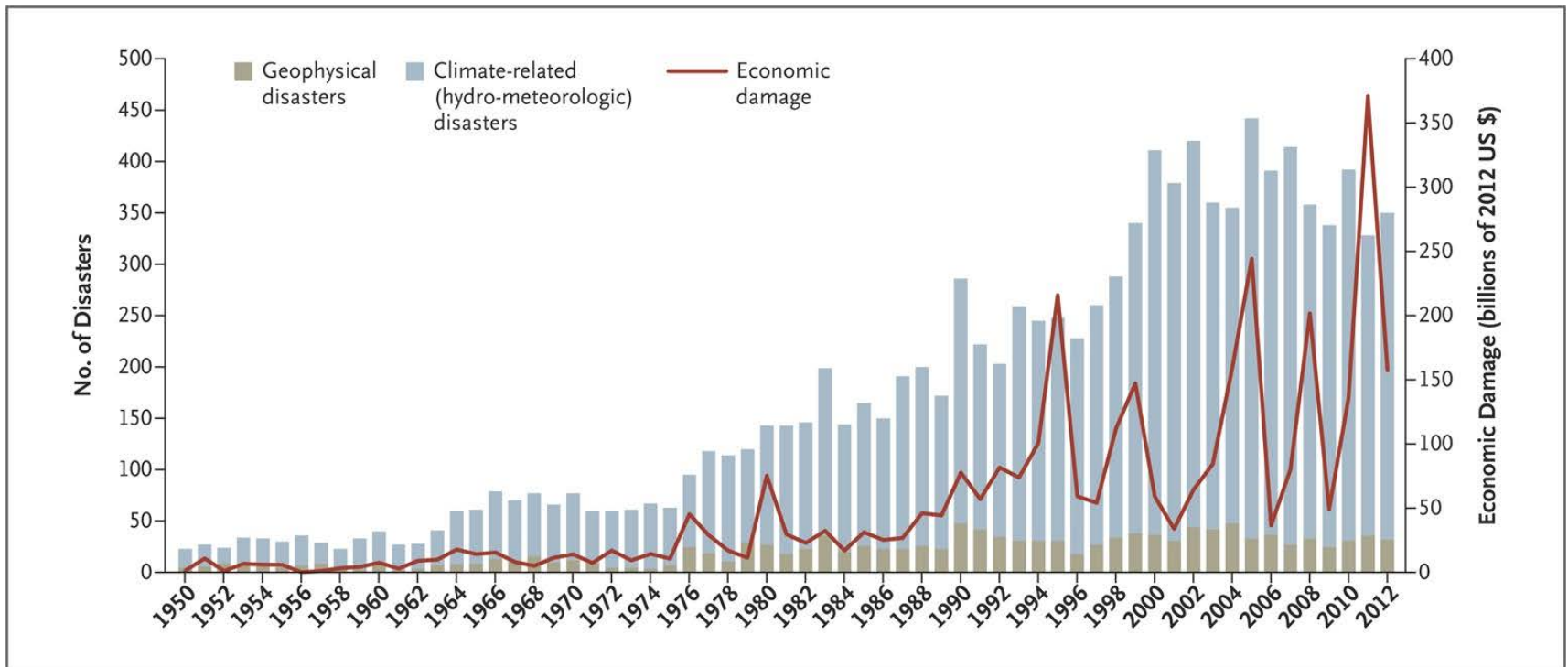
Source: Federal Bureau of Investigation, 2017

“Despite having less than 5% of the global population (World Factbook, 2014), U.S. had 31% of global public mass shooters.”

Lankford, Public Mass Shooters and Firearms: A Cross-National Study of 171 Countries, Violence and Victims, (2016)

FBI, 2017

# Increases in natural disasters



EM-DAT International Disaster Database, Center for Research on the Epidemiology of Disasters, University of Louvain ([www.emdat.be/](http://www.emdat.be/)).



# Fires, mudslides, Western U.S.



PHOTO: JUDITH WAP

# Public health relevance

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Primary prevention efforts

Preparedness

Secondary prevention – National Disaster Recovery Framework (FEMA)

- Community Planning and Capacity Building – Recovery Support Function ToolKit available (incl Hazard Mitigation, Local Disaster Recovery Manager)
- Economic Recovery Support
- Housing Recovery Support
- Infrastructure Systems Recovery Support
- Natural and Cultural Resources Recovery
- **Health and Social Services Recovery Support**

# How events reach traumatic proportions for individuals

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1. Overwhelming demands of situation (physical, psychological, social)
2. Devastation of individual and community coping resources
3. Loss of safety/territory -- relocation
4. Damaging effects on meaning, justice, order

# Common reactions to trauma

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1. **Reactions to reminders:** unwanted memories, dreams, pounding heart, sweating
2. **Avoidance or withdrawal reactions:** avoiding memories, places, conversations that are reminders
3. **Emotional reactions or negative thoughts:** self-blame or having negative views about the world; feeling hopeless, sad, shocked, or feeling nothing at all;
4. **Physical arousal reactions:** Feeling on-guard or alert; being irritable, over-reactive; getting into frequent conflicts; trouble sleeping; difficulties concentrating





# Trauma Exposure $\neq$ PTSD

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Acute reactions are expectable

Most people who experience trauma do not develop PTSD.

Studies **do not** support that early psychological intervention after stressful events leads to better mental health outcomes

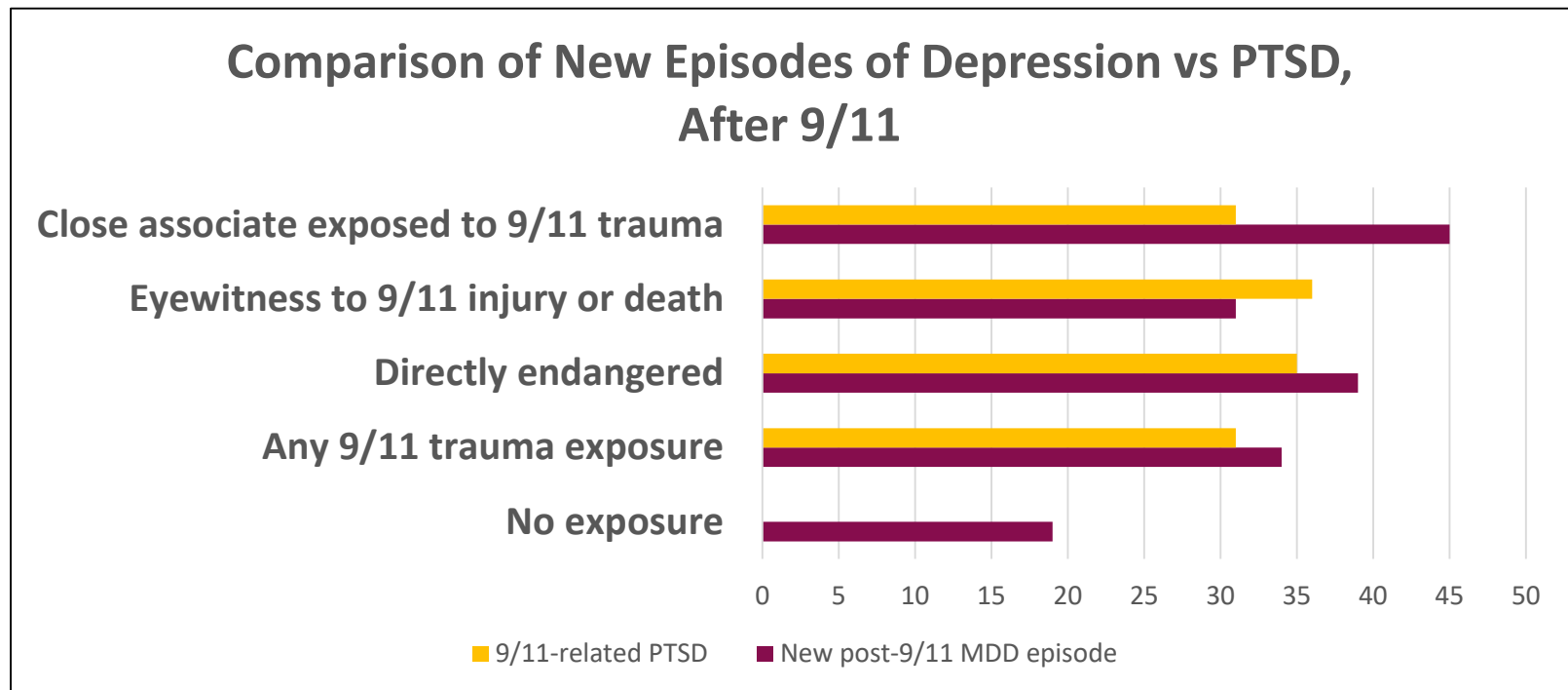
Some types of treatment in the early aftermath of a stress event may actually cause harm (increasing PTSD outcomes)<sup>1</sup>

Individual variability is a guiding factor. Do not assume that everyone is traumatized or that people who look resilient do not need support.

<sup>1</sup>Bisson et al., 2002, 2007

# PTSD Diagnosis requires 30 days

**AND PTSD is not necessarily the most common negative mental health outcome**



*North et al., 2015, N = 373 NY employees*

# 5 Essential Elements of Mass Trauma Intervention

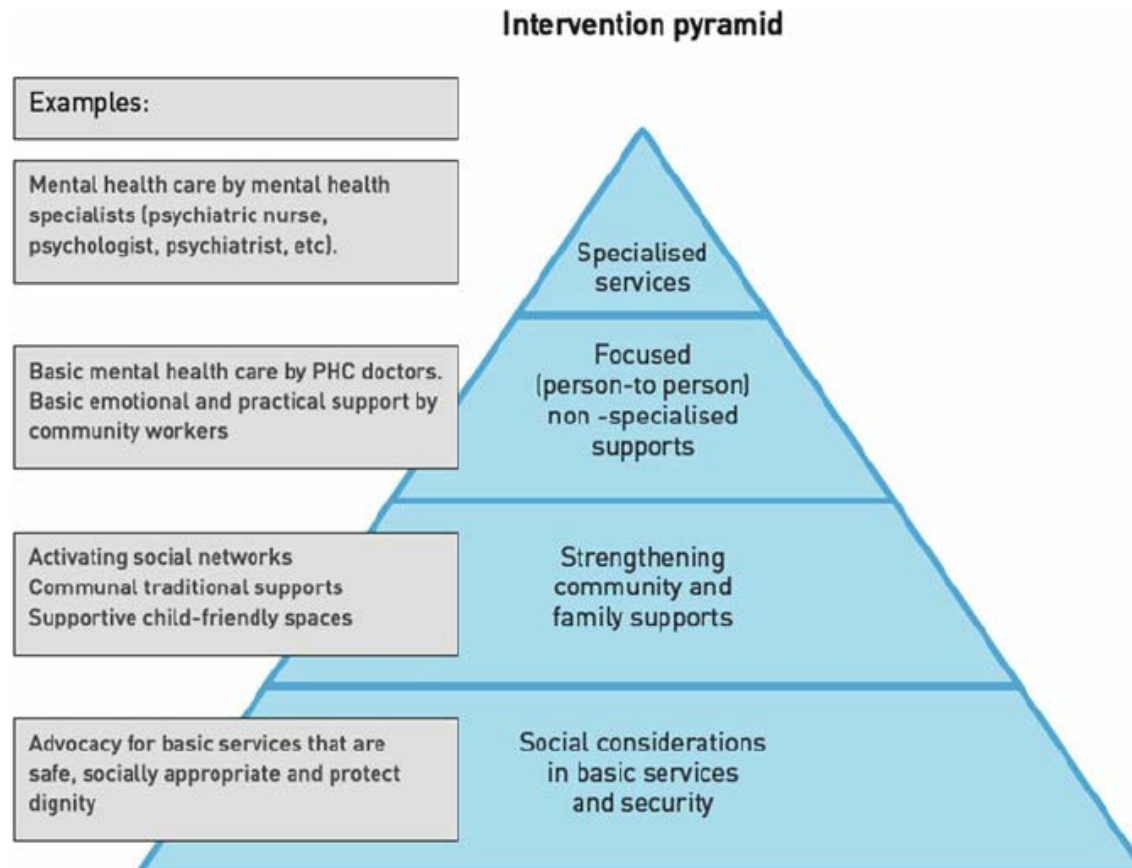
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1. Promote sense of safety
2. Promote calming
3. Promote sense of self- and collective efficacy
4. Promote connectedness
5. Promote hope

*Based on Review by Hobfoll and colleagues, Psychiatry, 70, 2007 (one of the most influential papers in Psychiatry, 4 year cycle)*

# IASC Guidelines for mental health and psychosocial support in emergency settings

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# 1. Promote Sense of Safety

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## Physical Safety

Food, shelter, water

Safe spaces (children, meetings)

Essential aids, medications

Safety for vulnerable subgroups

# Promote Sense of Safety

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## Decrease threat perception

Limit media exposure

Limit talking about “horror stories” or rumors

Prioritize information about family members

# Promote Sense of Safety

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## Stabilization (if needed)

Calm, quiet, present

Orient emotionally overwhelmed survivors

Grounding

# Grief

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Don't say:	Do say:
I know how you feel	What you are experiencing is understandable and expectable
You are strong enough to deal with this OR That which doesn't kills us makes us stronger.	Sadness, loneliness, and anger are all normal
"The deceased" "passed away"	Deceased person's name, "died"
Everything happens for the best for a higher plan. OR We are not given more than we can bear	Do you have any religious or spiritual needs at this time?
You need to grieve. You need to relax. It's good that you are alive.	Sometimes it can be helpful to talk to a counselor.



# When delivering bad news

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Don't rush

Allow for initial strong reactions

Remember that family members don't want to know how YOU feel (sympathy) but rather they want to know you are trying to understand how THEY feel (empathy)



Make sure social supports are available – try to work with family units

Children should not be left unaccompanied.

- Should not see morgue photos
- May have a range of reactions

# Grief, Children

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Death affects children differently depending on age

Do not push children to talk

Give simple, short, honest, age-appropriate answers to questions

Listen to feelings without judgment

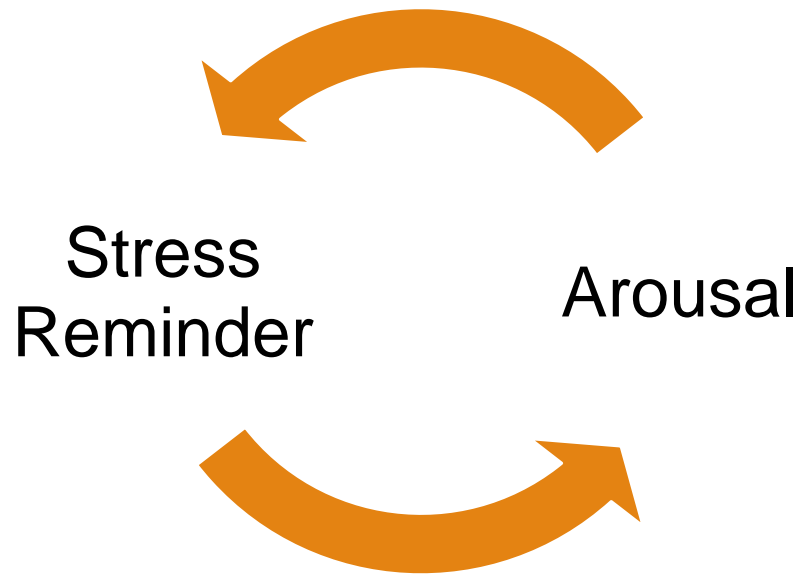
Reassure that they did not cause, it was not their fault or a 'punishment'

## 2. Promote calming

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Increased emotionality is normal

Calming promotes sense of control



In Natural Recovery:

- Reminders decrease
- Emotional reaction to reminders decrease

# Calming, Dos and Don'ts

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Potentially arousing	Calming
Critical incident stress debriefing/management	Grounding, deep breathing, deep muscle relaxation, yoga, imagery, music
“Venting”	Normalizing – “acting normal in an abnormal situation” (psychoed about natural reactions)
Activities that promote negative emotional states	Activities that promote positive emotional states (not assoc with event)
Spinning information to calm	News reports that give facts, few images and hyperbole

# Community level calming

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Large scale community outreach and psychoeducation normalizes reactions

- Avoid pathologizing the inability to remain calm

Media presentation: relaxation, sleep hygiene, media exposure

- Important if people looking to media for advice about going-out

In natural disasters, the best predictors of later distress is initial and secondary resource loss



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**Although the world is full of suffering,  
it is also full of the overcoming of it.**

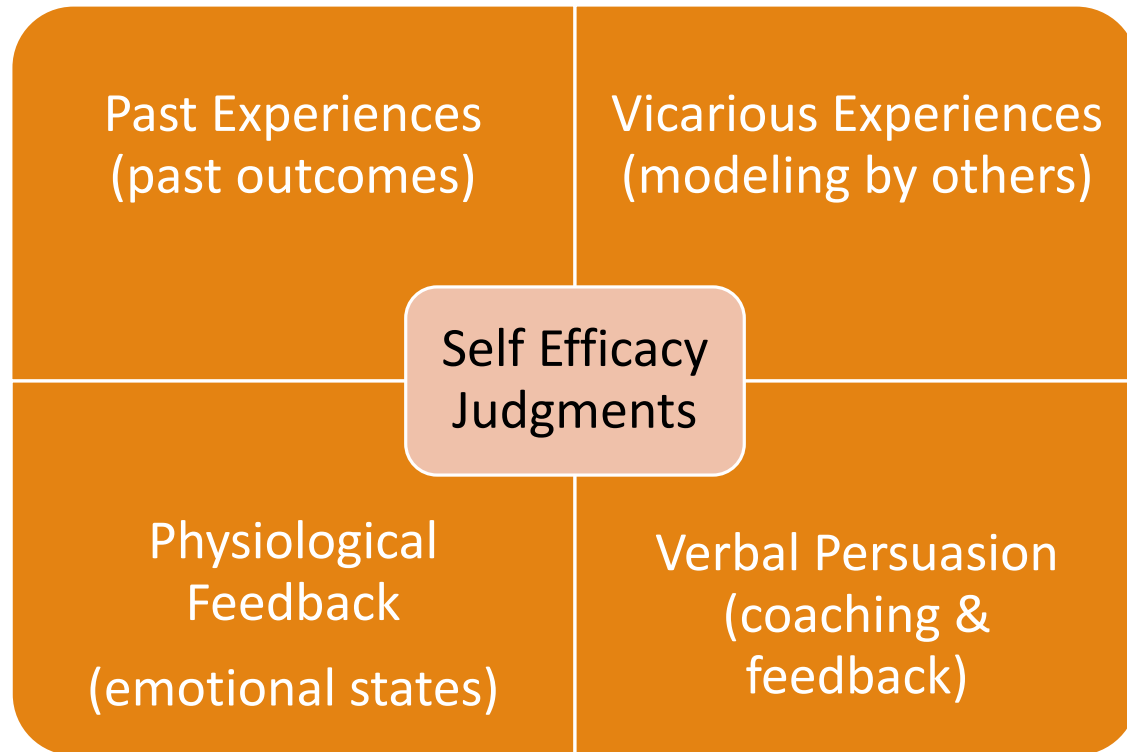
◦ *Helen Keller*



# 3. Promote Sense of Self-Efficacy

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**Belief that one's actions are likely to lead to generally positive outcomes**



# Self-Efficacy & Resiliency

*"I can cope with this"*

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Individual intervention can focus on:

- Reminders of past adversity overcome
- Recalibrate expectations formed under 'normal' circumstances

Teach how to set achievable goals

- Establish sense of environmental control
- Help with problem solving skills to post-tragedy adversities





# Skills and Resources

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## **Self efficacy interventions can backfire without the necessary skills or resources**

- Mass trauma is typically an unpracticed experience (*skills develop through practice*)
- Problems with self-help when resources are depleted (e.g., prior exposure, psychological history, poverty)
- Public mental health programs, collaborate with development initiatives

# Collective efficacy

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Collective efficacy (memorials, meetings, collective mourning),  
therapeutic



# Build on available resources

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Assess existing services and identify people in need

Key psychosocial supports come from the affected community.

Local people should maintain control and decisions over factors that affect their lives. Cultural competence is key.

Work on mental health has the potential to create harm because it deals with highly sensitive issues

- Universal human rights
- Power relations between outsiders/emergency-affected people
- Do not use a charity model– facilitate the development of community-owned programs

# Additional Recommendations, World Health Organization

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One mental health coordination group. Avoid parallel groups for subgroups

Use validated-local assessment tools

Individuals must be trained with ongoing supervision to ensure interventions are appropriately administered

Include psychological and social considerations in the provision of general health care

Provide access to care, protect people with severe mental illness

Minimize harm related to alcohol and other substance use

Provide access to information on coping mechanisms



# 4. Social connectedness

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Increases opportunities for knowledge essential for disaster response

Social support (practical problem solving, emotional understanding, normalizing)

- Delay in making connections with loved ones, increases negative risk (London)
- Connecting, 1 member after immigration reduced risk (Cambodia Pol Pot genocide)



# Promote connectedness

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# Other Ways to Promote Connectedness

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## Psychoeducation

Types of support

How to identify  
support

How to recruit  
support

## Family Intervention

Differences in  
exposure to  
trauma, loss

Differences in  
personal reactions  
to trauma, loss

# Ex. Effective Intervention

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## Promote social support networks

- Welcoming committees
- Places of worship
- Meeting places
- Entertainment
- Soccer field

## Identify people who want to help.

- Help them identify someone they can help
- Help them identify ways they can be helpful to others
- Provide attention, care





## 5. Instill Hope



# Hope, “a sense of coherence”

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Holocaust survivors

*Antonovsky, 1979*

“A pervasive, enduring though dynamic feeling of confidence that one’s internal and external environments are predictable and that there is a high probability that things will work out as well as can reasonably be expected”

- Western, middle SES: emphasizes self-agency
- Others: religious, responsive government, superstition

# Assistance instills hope

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*Combat PTSD:* employment as primary predictor of hope

*New Orleans:* lack of evacuation due to expectation for negative outcome, no external resources

*Hurricane Andrew:* lack of funds for rebuilding as primary PTSD predictor

**Advocacy programs can promote self-efficacy**

# Individual level, assistance

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1. Identify the most immediate need
  - Food, shelter, locating a loved one, completing an insurance form, etc.
2. Clarify the need
3. Discuss an action plan
  - Tell survivors what to expect in terms of services, resources, qualification criteria, application procedures, etc.
4. Act to address the need
  - Help survivors complete form, make a phone call, etc.

# Instill hope, individual level

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Self blame degrades hope

- *I should have left earlier.*



Increase hope by  
reducing self blame

- Counter “I should have....” with *I did the best I could given the elements within my control* (strong emotional reactions are not in our control).

# Future thinking instills hope

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Explicitly educate that most people recover spontaneously after trauma....

Doing things that are active (rather than passive waiting), practical (using available resources) and familiar

Helping envision realistic, yet challenging outcome:

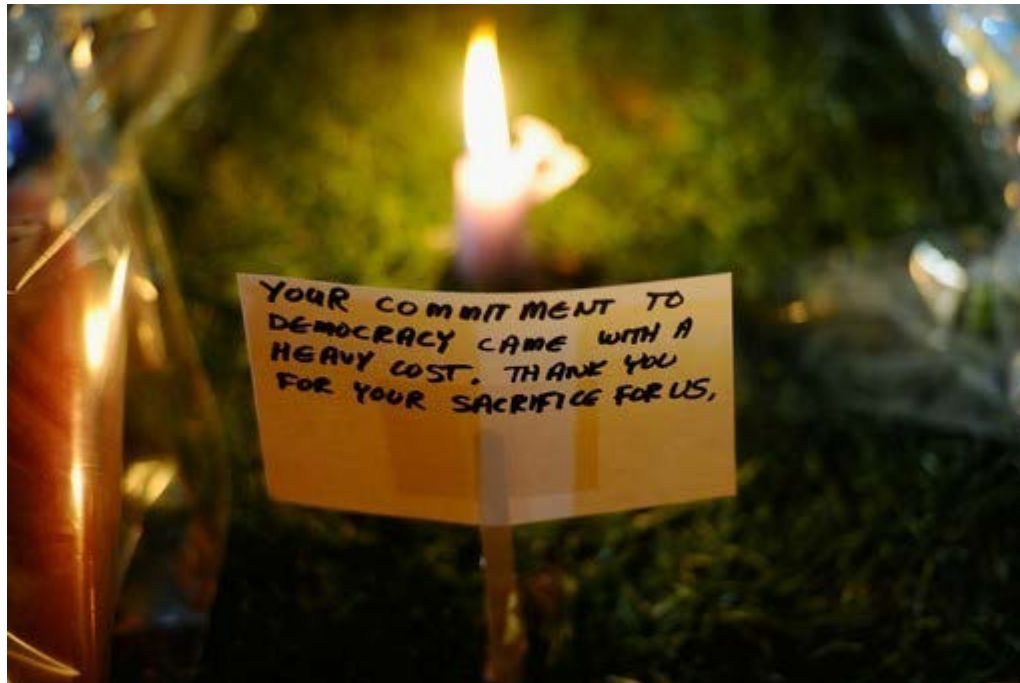
- *It will be painful to live without my wife for some time vs. I cannot live without my wife*



# Benefit Finding

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Highlight attempts to find benefit/ meaning (do not promote, wait for readiness)



# Community intervention

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More impactful and efficacious?

Media, schools, community leaders can focus on:

- More accurate risk assessment
- Positive goals
- Building strengths in communities
- Helping people tell their stories
- Clean-up, rebuild, home visits, blood drives, etc.





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How does this translate to practice for early intervention with trauma survivors?

# Summary: Individual level

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Normalization, support, highlight self-efficacy, strengths

Calming: relaxation training and sleep treatment

Bereavement training skills (remember cultural and religious considerations)

Encourage pleasant activities, daily routine, self efficacy

Foster social support

Reframing, cognitive behavioral therapy

# Summary: Community level

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Provide safe locations

Organized voice, media safety perception

Information and psychoeducation

Provide resources, involve survivors

Foster community activities

Collaborate with the development of programs

Help link with loved ones

Develop advocacy programs

**Questions?**

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